STATEMENT OF

RECEIVED

FORM 1		ORGANIZ	ATION	2011 DEC 14 PM 12: 31			
1. NAME OF COMMITTEE (in	full)	(Check if name is changed)	Example:If typing, type over the lines.	12FE4M5	FEL MAIL CENTER		
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ADDRESS (number ar	nd street)	PIOLIBIOIXI 1/1	17.1				
(Check if address is changed)		(10,0,0,0,0,0,0,0,0,0,0,0,0,0,0,0,0,0,0,					
			CITY	STATE	ZIP CODE		
COMMITTEE'S E-MA	IL ADDRE	SS (Please provide only one	e-mail address)				
(Check if address is changed)		WIHMONAPNOCKPACEIGIMAIII - COM					
		<u> </u>					
COMMITTEE'S WEB	PAGE AD	DRESS (URL)					
(Check if a	addrace						
is changed)							
2. DATE 1.6	ä ′ å:	3 ' à d					
3. FEC IDENTIFIC	CATION N	UMBER C	ue la sunti Report de pro- nome propieta de la composición. A				
4. IS THIS STATEM	NENT V	NEW (N) OR	AMENDED (A)				
I certify that I have e	xamined t	his Statement and to the bes	st of my knowledge and belief it	is true, correc	t and complete.		
Type or Print Name of	of Treasure	Hillary Ho	igerty,				
Signature of Treasure	er <u>C</u>	Jeen		Date 6	12/2011		
NOTE: Submission of	false, erron	•	n may subject the person signing to		o the penalties of 2 U.S.C. §437g.		
Office Use Only			For further information c Federal Election Commissi Toll Free 800-424-9530 Local 202-694-1100		FEC FORM 1 (Revised 02/2009)		

F	Page 2								
		COMMITTEE e Committee:							
(a)	∇	This committee is a principal campaign committee. (Complete the candidate information below.)							
(a)		This committee is a philopal campaign committee. (complete the candidate information below.)							
(b)	L	This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate Information below.)							
Name Candi	_								
Candi Party	idate Affiliati	Office ion Sought: House Senate President	State District						
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.							
Name Candi									
Part	y Con	nmittee:							
(d)		· · · · · · · · · · · · · · · · · · ·	emocratic, oublican, etc.) Party.						
Political Action Committee (PAC):									
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected	cted organization is a:						
		Corporation Wo Capital Stock L	abor Organization						
		Membership Organization Trade Association C	Cooperative						
		In addition, this committee is a Lobbyist/Registrant PAC.							
(f)	√	This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee)							
		In addition, this committee is a Lobbyist/Registrant PAC.							
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)							
Joint	t Fund	draising Representative:							
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, at least one of which is an authorized committee of a federal candidate.	or more political						
(h)	:	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate.	or more political						
	Com	nrnittees Participating in Jaint Fundraiser							
			aman wasan dasa saasiin ka aa						
	1.								
	2.	FEC ID number C							
	3.	FEC ID number C							
	4.	FEC ID number C	a in u mbo nda in						

FEC Form 1 (Revised 02/2009)	Page 3
Write or Type Committee Name	
6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or L	eadership PAC Sponsor
Cloing Meisisman IChlarilles Blass 11 11 11 11	111111111
Mailing Address [PO BOX 3145]	
Cloniclored	13,3,0,2-1
CITY STATE	ZIP CODE
Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative	Leadership PAC Sponsor
7. Custodian of Records: Identify by name, address (phone number - optional) and position of the person	n in possession of committee
books and records.	
Full Name Hillary Hagerty	
Mailing Address 8 7 10 1 d P 10 S 1	
Me wbvry	0,3,2,5,5]-[
J	
Title or Position CITY STATE	ZIP CODE
TITIBIOISIUITEITIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	J-L
 Treasurer: List the name and address (phone number – optional) of the treasurer of the committee; and any designated agent (e.g., assistant treasurer). 	the name and address of
Full Name	
of Treasurer Hillary Hagierity	
Mailing Address 28.7. O.L.d., Po.S.+, R.d.	
	13255-111
J CITY STATE Title or Position	ZIP CODE
TICIEIASIUITEITIIII Telephone number	J-L

Page 4

Name of Bank, Depository, etc.

FEC Form 1 (Revised 02/2009)

Mailing Address

CITY

STATE

ZIP CODE

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(3/2005)